

**NEW HAMPSHIRE BOARD OF DENTAL EXAMINERS
INITIAL APPLICATION TO ADMINISTER GENERAL ANESTHESIA AND/OR SEDATION
(SEE DEN 304)**

CHECK ONE AND ONLY COMPLETE THE SECTION YOU ARE APPLYING FOR:

1. ☐ **Application for a permit to administer general anesthesia, deep sedation and moderate sedation.**
2. ☐ **Application for an unrestricted permit to administer moderate sedation (conscious sedation) only. Den 304.02 (c) and (d)**
3. ☐ **Application for a restricted permit to administer moderate sedation (conscious sedation) only. Den 304.02 (c) and (e)**

Note: See Den 304, under administrative rules on website www.nh.gov/dental.

***Please remember to enclose the \$35 fee (per dentist and per location).**

Name: _____ NH License _____

Home Address: _____

Primary Email Address: _____

Name of Practice(s), Professional Addresses and Telephone Numbers Where Permits Are To Be Used
(A separate permit will be needed for each location.):

1. _____

2. _____

3. _____

I. GENERAL ANESTHESIA, DEEP SEDATION AND MODERATE SEDATION Den 304.02 (b)

- A. Check only one category below and follow the applicable instructions. (Do not check more than one.)

I am applying for this permit based on:

_____ Completion of advanced training in anesthesiology and related academic subjects beyond the undergraduate dental school level in a training program as described in Part III C. of the American Dental Association 2012 “Guidelines for the Use of Sedation and General Anesthesia by Dentists”. **Please enclose a copy of your training certificate.**

or

_____ Completion of advanced training in anesthesiology and related academic subjects as described in the Commission on Dental Accreditation (CODA) requirements for each advanced program. **Please enclose a copy of your training certificate.**

- B. Do you hold current certificates in ACLS and BLS-HCP (Basic Life Support for Healthcare Providers) as required by Den 304.02 (a):

ACLS? ☐ yes ☐ no Exp. Date: _____

BLS-HCP? ☐ yes ☐ no Exp. Date: _____

- C. Do you have a properly staffed and equipped facility as set forth in:

1. The 8th edition of the "Office Anesthesia Evaluation Manual" of the American Association of Oral and Maxillofacial Surgeons, 2012; or
2. The American Dental Association 2012 "Guidelines for the Use of Sedation and General Anesthesia by Dentists".
 ☐ yes ☐ no

- D. Please attach a list of all clinical staff members' names and include the current expiration date and status of their BLS-HCP or ACLS cards.

Signature: _____ Date: _____

II. MODERATE SEDATION - UNRESTRICTED PERMIT – Den 304.02 (c) & (d)

- A. If you are applying for an unrestricted permit to administer moderate sedation only, please provide evidence that you have met the applicable requirements of Part V of the ADA 2012 "Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students", including management of 20 patients by the intravenous route per participant.

Pursuant to Den 304.02 (c) and (d), you are required to document 12 cases in a biennium or 4 hours of continuing education in sedation training. Documentation must be enclosed when renewing.

- B. Do you hold current certificates in ACLS and BLS-HCP as required by Den 304.02 (a):

ACLS? ☐ yes ☐ no Exp. Date: _____

BLS-HCP? ☐ yes ☐ no Exp. Date: _____

- C. Do you have a properly staffed and equipped facility, as set forth in Part IV B. of the American Dental Association 2012 "Guidelines for the Use of Sedation and General Anesthesia by Dentists".

- D. Please attach a list of all clinical staff members' names and include the current expiration date and status of their BLS-HCP or ACLS cards.

Signature: _____ Date: _____

III. MODERATE SEDATION - RESTRICTED PERMIT – Den 304.02 (c) & (e)

- A. If you are applying for a restricted permit to administer moderate sedation only, please provide evidence that you have met the applicable requirements of Part V of the ADA 2012 "Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students", including 10 clinically oriented experiences, with at least three live experiences. *

Pursuant to Den 304.02 (c) and (e), you are required to document 12 cases in a biennium or 4 hours of continuing education in sedation training. Documentation must be enclosed when renewing.

B. Do you hold current certificates in ACLS and BLS-HCP as required by Den 304.02 (a):

ACLS? _____ yes _____ no Exp. Date: _____

BLS-HCP? _____ yes _____ no Exp. Date: _____

C. Do you have a properly staffed and equipped facility, as set forth in Part IV B. of the American Dental Association 2012 “Guidelines for the Use of Sedation and General Anesthesia by Dentists”.

D. Please attach a list of all clinical staff members’ names and include the current expiration date and status of their BLS-HCP or ACLS cards.

*For your information, some permit applicants have obtained the three experiences at the office of a practitioner presently holding a permit. Your report to the Board for each patient should include:

1. Age and gender of patient.
2. ASA Classification.
3. Procedures.
4. Drugs and dosage.
5. Level of sedation.

Signature: _____ Date: _____